TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 0 2 — 0 0 8	2. STATE: North Dakota
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2002

5. TYPE OF PLAN MATERIAL *(Check One):*

☐ NEW STATE PLAN   ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN   ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: Section 1931 of the Act	7. FEDERAL BUDGET IMPACT: a. FFY __2002__ $ _426,599_ b. FFY __2003__ $ _568,750_
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.6-A page 1 Supplement 12a to Attachment 2.6-A page 1 Supplement 12a to Attachment 2.6A page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable):* Supplement 1 to Attachment 2.6-A page 1 Supplement 12a to Attachment 2.6-A page 1 Supplement 12a to Attachment 2.6-A page 4

10. SUBJECT OF AMENDMENT:

Eligibility

11. GOVERNOR'S REVIEW *(Check One):*

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT   ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: *[signature]*	16. RETURN TO: David J. Zentner Director, Medical Services North Dakota Department of Human Services 600 E Boulevard Ave-Dept 325 Bismarck ND 58505
13. TYPED NAME: Sheldon H. Wolf	
14. TITLE: Assistant Director	
15. DATE SUBMITTED: January 18, 2002	

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17. DATE RECEIVED: January 25, 2002	18. DATE APPROVED: 3/19/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2002	20. SIGNATURE OF REGIONAL OFFICIAL: *[signature]*
21. TYPED NAME: Mark Gilbert	22. TITLE: Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: January 18, 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____North Dakota_____

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size Need Standard	Payment Standard	Maximum Payment Amounts

BASIC REQUIREMENTS TABLE

Effective 07/01/94

Number of Children in AFDC Unit		0	1	2	3	4	5	6	7	8
No Eligible Caretaker	0	0	110	208	294	368	430	479	516	553
1 Eligible Caretaker	1	223	333	431	517	591	653	702	739	776
2 Eligible Caretakers	2	301	411	509	595	669	731	780	817	854

Add $37 for each person over 8 in assistance unit.

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

/X/ 133 percent / / ___percent (no more than 185 percent)
(specify)

Family Size	Income Level
___	$_____
___	$_____
___	$_____
___	$_____
___	$_____

TN No. 02-008
Supersedes
TN No. 01-007

Approval Date 03/19/02

Effective Date 01/01/02
HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

 X Pregnant women with no other eligible children.

 X AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

___ In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

X In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:

 ___ The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

 X The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

Number of Persons	Monthly Income Level
1	252
2	377
3	488
4	585
5	669
6	739
7	795
8	836
9	878
10	920

Add $42 for each person over 10 in assistance unit.

TN No. 02-008
Supersedes Approval Date 03/19/02 Effective Date 01/01/02
TN No. 97-007

State: North Dakota

Income:
1. A disregard of the greater of $180 or 27% of earned income is allowed.
2. Disregard all children's earnings if a full-time student, or a part-time student who is not working full time.
3. Disregard income from participation in Job Corps.
4. Disregard an amount of income equal to the difference between 40% of the federal poverty level, as revised annually in the Federal Register, for a family unit and the corresponding categorically needy AFDC-related income level in page 1 Supplement 12a to Attachment 2.6-A.
5. Disregard occasional small gifts.
6. Non-recurring lump sum income is disregarded.
7. General assistance paid to the family is disregarded as income.
8. For each employed member of the unit, the following disregards are allowed from earned income after the employment expense allowance (described in number 1) is allowed:
   a. 50% for the first six consecutive months. This disregard starts over if the individual does not have at least four consecutive months of earnings;
   b. 35% for the next three consecutive months; and
   c. 25% for any additional months with earnings.
Once an individual has received the 50% and 35% disregards, the individual is not allowed to receive them again. The 25% disregard can be received indefinitely. (The 30-1/3 disregard will be allowed if it proves to be more beneficial to the family.)